Please type a plus sign (*) - Sold to the Community of th

CHANGE OF CORRESPONDENCE ADDRESS Application

Address to:

Assistant Commissioner for Patents Washington, D.C. 20231

<u> </u>	
Application Number	09/462,912
Filing Date	1/18/2000
First Named Inventor	MORIYAMA Shigeo
Group Art Unit	, , ,
Examiner Name	
Attorney Docket Number	29273-516

to: X Customer OR	Number 23838 Type Customer Number here	identifie	d application	200 PATENT .TT	Nel Bar Code 18438 RADEMARK OFFICE		
Firm or Individual Name			50	<u> </u>)		
Address							
Address					·		
City		State		ZIP			
Country			 		:		
Telephone		Fa	×				
This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). I am the: Applicant. Assignee of record of the entire interest. Certificate under 37 CFR 3.73(b) is enclosed. X Attorney or agent of record.							
Typed or Printed Name Typed or C. Altmile							
Signature CULTURE							
Date	() 6/20/00		٠.				

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231.

DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.